NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

11 Client Information

COMPLETE ALL SECTIONS

FOR OFFICE USE ONLY

before submitting or form will be returned.

| Reporting Information | Year: 2012 | | Fill in circle if amendment ⊗ | | Report Period: ○ January/June ⊗ July/December | | Type of Lobbying: ⊗ Nonprocurement ○ Procurement ○ Both | | Client Filing Fee Check Number: 5833

REC'D JAN 1 6 2013

State:NY ZIP code: 12065
Fax Number: 518-383-2616
2.00
(Current Period Only) Client must be reported below, regardless of whether the
O Designated
pying O Both
Phone Number: 518-383-5060
State: NY ZIP code:12065
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Phone Number: 518-383-5060
State: NY ZIP code:12065
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O Designated
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Phone Number: 518-383-5060
THORE NUMBER 310-303-3000
State: NY 7IP code: 12065
State: NY ZIP code: 12065
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) TOTAL COMPENSATION of ALL lobbyists for current period..........(A+B+C+addendum sheets): \$150,411

A Report in the aggregate all ex	xpense	s less t	han or equa	al to \$75:		5	72			.00
B Report in the aggregate all ex	(pense	s for sc	alaries of nor	n-lobbying emp	oloyees:	5	4,590			.00
C Itemize each expense exceed	ding \$7	75:								
PAID TO: WEINGARTEN REID & MC	NALLY			DATE: 8	/31	2012	0	Ad		Social Ev
PURPOSE: REIMBURSED EXPENSES				AMOUNT:	\$ ₁₂₈	.00	0	*Adde	endum a	ttached
O PROCUREMENT & NON	PROC	UREM	ENT			- 1,1 0				
PAID TO: WEINGARTEN REID & MC	NALLY			DATE: 10	/31	/ 2012	0	Ad	0	Social Ev
PURPOSE: REIMBURSED EXPENSES				AMOUNT:	\$176	.00	0	*Adde	ndum a	ttached
O PROCUREMENT & NONE	PROC	UREM	ENT							_
O Continued on attached										
# If any expense listed about expense, dollar amount of	ove exe	ceeds	\$75 for an i	ndividual, you	must a	ttach the	adden	dum po	age listin	g the
Total expenses for current p		SACOR BICURAL	AND REAL PROPERTY AND REAL PROPERTY.	.00 (if applic						
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event multiple per	rsons o	r entiti	es have bee	en aggregated	as a Sir	igle Source	e for a (Contribu	ution(s), u	se Section
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Addendum for the Contribution(s) from Single Sou			Contributions							
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		MEMO	RIAL HOSPII	AL	F: 1.1.1					
ingle Source Person's Last Nar	me:				First No	ame:				
Address: ONE NORTON AVENUE					Ctata	NIV			7ID 000	le:13820
					State:	INY			ZIP COC	ie. 13820
hone: 607-432-2000	07	110	12012	Amoun	at of Co	ontribution	· ¢	01		00
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e Source information for a Co	ntribu	tion(s) f	rom multi	ple, Related, or Affiliated Enti	ties.	
Single Source #1						
d Entity or Person: UHS CHE	ENANC	GO MEM	ORIAL HO	SPITAL		
erson's Full Name:						
erson's Address: 179 NORTH	BROA	D STREE	T, NORWI	CH, NY 13815		
erson's Phone: 607-337-411	1					
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	CE W	ALTON	NV 13856			
		ALTON,	111 13030			
		ntity or	Person:			
				Amount of Contribution:	\$631	.00
e Contribution Received:	10	/30	/2012	Amount of Contribution:	\$631	.00
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d Entity or Person: ALBANY erson's Full Name:	MEMO	ORIAL HO	OSPITAL			
				NY, NY 12204		
erson's Full Name:	ERN BO			NY, NY 12204		
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erson's Full Name: erson's Address: 600 NORTH erson's Phone: 518-471-322	ERN BO	OULEVA Entity or /12	RD, ALBAI Person: /2012	Amount of Contribution:		.00
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	erson's Address: 179 NORTH erson's Phone: 607-337-411 Amounts of Contributions for Contribution Received: e Contribution Received: e Contribution Received: ck here if using section V(C) of Contribution Received: erson's Full Name: erson's Address: 1 TITUS PLA erson's Phone: 607-865-210 Amounts of Contributions for Contribution Received: e Contribution Received: e Contribution Received: e Contribution Received:	erson's Address: 179 NORTH BROAD erson's Phone: 607-337-4111 Amounts of Contributions from Electoristics e Contribution Received: 8 e Contribution Received: 10 e Contribution Received: ck here if using section V(C) of the defentity or Person: UHS DELAWAR erson's Full Name: erson's Address: 1 TITUS PLACE, We erson's Phone: 607-865-2100 Amounts of Contributions from Electoristics e Contribution Received: 7 e Contribution Received: 10	erson's Address: 179 NORTH BROAD STREE erson's Phone: 607-337-4111 Amounts of Contributions from Entity or e Contribution Received: 8 /2 e Contribution Received: 10 /30 e Contribution Received: / ck here if using section V(C) of the Addence d Entity or Person: UHS DELAWARE VALLE erson's Full Name: erson's Address: 1 TITUS PLACE, WALTON, 10 erson's Phone: 607-865-2100 Amounts of Contributions from Entity or e Contribution Received: 7 /30 e Contribution Received: 10 /30 e Contribution Received: / ck here if using section V(C) of the Addence ection V(B) of the Addendum for additional	erson's Address: 179 NORTH BROAD STREET, NORWIGHTS Phone: 607-337-4111 Amounts of Contributions from Entity or Person: e Contribution Received: 8 /2 /2012 e Contribution Received: 10 /30 /2012 e Contribution Received: / / ck here if using section V(C) of the Addendum for and definity or Person: UHS DELAWARE VALLEY HOSPITATION FROM STANDARD PROPERTY OF THE PROPERT	erson's Address: 179 NORTH BROAD STREET, NORWICH, NY 13815 erson's Phone: 607-337-4111 Amounts of Contributions from Entity or Person: e Contribution Received: 8 /2 /2012 Amount of Contribution: e Contribution Received: 10 /30 /2012 Amount of Contribution: e Contribution Received: / Amount of Contribution: e Contribution Received: / Amount of Contribution: ck here if using section V(C) of the Addendum for additional Contributions: d Entity or Person: UHS DELAWARE VALLEY HOSPITAL erson's Full Name: erson's Address: 1 TITUS PLACE, WALTON, NY 13856 erson's Phone: 607-865-2100 Amounts of Contributions from Entity or Person: e Contribution Received: 7 /30 /2012 Amount of Contribution: e Contribution Received: 10 /30 /2012 Amount of Contribution: e Contribution Received: / Amount of Contribution: ck here if using section V(C) of the Addendum for additional Contributions: ection V(B) of the Addendum for additional Related, or Affiliated Entities or Perso	erson's Address: 179 NORTH BROAD STREET, NORWICH, NY 13815 erson's Phone: 607-337-4111 Amounts of Contributions from Entity or Person: e Contribution Received: 8 /2 /2012 Amount of Contribution: \$1,849 e Contribution Received: 10 /30 /2012 Amount of Contribution: \$1,849 e Contribution Received: / Amount of Contribution: \$ ck here if using section V(C) of the Addendum for additional Contributions: d Entity or Person: UHS DELAWARE VALLEY HOSPITAL erson's Full Name: erson's Address: 1 TITUS PLACE, WALTON, NY 13856 erson's Phone: 607-865-2100 Amounts of Contributions from Entity or Person: e Contribution Received: 7 /30 /2012 Amount of Contribution: \$631 e Contribution Received: 10 /30 /2012 Amount of Contribution: \$631 e Contribution Received: / Am

Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or ora	anization that has lobb at individual or organiz	ied on behalf c	of the clie	nt n	nust be	report	ed belov	w, regardless o	f whether the threshold
Type of Lobbyist:		O Employed	1	1 C	Designo	ated			
Level of Gov't:	State Lobbying			O E	Both				
Name: WEINGARTE	,		-,3			ne N	umber:	518-465-7330	
Address: 1 COMME	RCE PLAZA, SUITE 402								
City: ALBANY					Stat	te:NY		ZIP cod	e: 12210
Compensation for	r current period: \$13	3,750	.00						
Type of Lobbyist:	O Retained	O Employed	4. (1 C	Designo	ated			
Level of Gov't:	O State Lobbying	O Local Lob	bying () B	soth				
Name:					Pho	one N	umber:		
Address:									
City:					Sta	te:		ZIP cod	le:
Compensation for	r current period: \$.00						
Type of Lobbyist:	O Retained	O Employed	d t	0	Design	ated			
Level of Gov't:	O State Lobbying	O Local Lob	bying	O E	Both				
Name:					Pho	ne Nu	umber:		
Address:									
City:					Stat	e:		ZIP cod	e:
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Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source	e #3				
Single Source Entity's Name: Al	JBURN	COMM	UNITY HOSPITA	AL	
or Single Source Person's Last Na	me:			First Name:	
Address: 17 LANSING STREET					
City: AUBURN				State: NY	ZIP code:13021
Phone: 315-255-7011					
Date Contribution Received:	7	/2	/2012	Amount of Contribution: \$1,930	.00
Date Contribution Received:	8	/16	/2012	Amount of Contribution: \$1,930	.00
Date Contribution Received:	12	/3	/ 2012	Amount of Contribution: \$1,930	.00
Date Contribution Received:		1	1	Amount of Contribution: \$.00
Date Contribution Received:		1	1	Amount of Contribution: \$.00
Check here if using section V(C)	of the	Adden	dum for additio	onal Contributions:	
Contributions from Single Sour					
Single Source Entity's Name: B			AL CENTER		
or				First Name:	
Single Source Person's Last Na	me:		,	That Name.	
Address: ONE ATWELL ROAD				State: NY	ZIP code:13326
City: COOPERSTOWN				Sidio.	
Phone: 607-547-3456		1.	/ 2012	Amount of Contribution: \$ 4,349	.00
Date Contribution Received:	8	/1	/ 2012	Amount of Contribution: \$4,349	.00
Date Contribution Received:	10	/ 31	/ 2012	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
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Contributions from Single Sour	ce #_	>			
Single Source Entity's Name: C	HAMP	LAIN VA	LLEY PHYSICIA	NS HOSPITAL MEDICAL CENTER	
or Single Source Person's Last No	ıme:			First Name:	
Address: 75 BEEKMAN STREET					
City: pLATTSBURGH				State: NY	ZIP code: 12901
Phone: 518-562-7000					
Date Contribution Received:	7	/11	/ 2012	Amount of Contribution: \$3,260	.00
Date Contribution Received:	10	/15	/ 2012	Amount of Contribution: \$3,260	.00
Date Contribution Received:		1	1	Amount of Contribution: \$.00
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Designated Addendum sheet for section V(A)

Check here if using section V(C) of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

received.	miDom.	0113 100			
Contributions from Single Source	ce #	6			
Single Source Entity's Name: EL					
or Single Source Person's Last Na				First Name:	
Address: 1101 NOTT STREET					
City: SCHENECTADY				State: NY	ZIP code:12308
Phone: 518-243-4000					
Date Contribution Received:	8	/2	/2012	Amount of Contribution: \$4,300	.00
Date Contribution Received:		/7	/2012	Amount of Contribution: \$4,300	.00
Date Contribution Received:		/28	/2012	Amount of Contribution: \$4,300	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
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Contributions from Single Source			CE'S HEATTHCA	RE	
Single Source Entity's Name: FA		N 31. LUI	VE 3 HEALTHCA		
Single Source Person's Last Na				First Name:	
Address: 1656 CHAMPLIN AVENUE					710
City: UTICA				State: NY	ZIP code:13503
Phone: 315-624-6000					00
Date Contribution Received:	8	/3	/ 2012	Amount of Contribution: \$ 3,627	.00
Date Contribution Received:	11	/ 16	/ 2012	Amount of Contribution: \$3,627	.00
Date Contribution Received:	11	/ 16	/ 2012	Amount of Contribution: \$18	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		1	/	Amount of Contribution: \$.00
Check here if using section V(C)	of the	Adden	dum for addition	onal Contributions:	0
Contributions from Single Source	ce #_	3			
Single Source Entity's Name: G	LENS F	ALLS H	OSPITAL		
or Single Source Person's Last Na	me:			First Name:	
Address: 100 PARK STREET					
City: GLENS FALLS				State: NY	ZIP code: 12801
Phone: 518-926-1000					
Date Contribution Received:	7	/23	/ 2012	Amount of Contribution: \$3,762	.00
Date Contribution Received:	10	/15	/ 2012	Amount of Contribution: \$3,762	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
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Date Contribution Received:		1	1	Amount of Contribution: \$.00

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Designated Addendum sheet for section V(A)

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V Source of Funding Disclosure

V Source of Funding Di		12-11-11-1-1-1-1-1-1-1-1-1	t and the second			
A Below, list all Contractived.	ributio	ns rece	ived from the	e Single Source. Include the date and the a	mount of the Contribut	tion
Contributions from Single Source	e #X	9				
Single Source Entity's Name: Ol	JR LAD	OY OF LO	DURDES MEM	ORIAL		
or Single Source Person's Last Nar	me:			First Name:		
Address: 169 RIVERSIDE DRIVE						
City: BINGHAMTON				State: NY	ZIP code:13905	
Phone: 607-798-5111						
Date Contribution Received:	8	/16	/2012	Amount of Contribution: \$3,492	.00	
Date Contribution Received:	10	/30	/2012	Amount of Contribution: \$3,492	.00	
Date Contribution Received:		1	/	Amount of Contribution: \$.00	
Date Contribution Received:		1	1	Amount of Contribution: \$.00	
Date Contribution Received:		1	1	Amount of Contribution: \$.00	
Check here if using section V(C)	of the	Addend	dum for addit	ional Contributions:		0
Contributions from Single Source	e#_	10				
Single Source Entity's Name: RC			AL HOSPITAL			
or Single Source Person's Last Nat				First Name:		
Address: 1500 NORTH JAMES STRE						
City: ROME				State: NY	ZIP code:13440	
Phone: 315-338-7000						
Date Contribution Received:	12	/ 24	/ 2012	Amount of Contribution: \$ 5,429	.00	
Date Contribution Received:		/	/	Amount of Contribution: \$.00	
Date Contribution Received:		1	1	Amount of Contribution: \$.00	
Date Contribution Received:		1	1	Amount of Contribution: \$.00	
Date Contribution Received:		. /	1	Amount of Contribution: \$.00	
Check here if using section V(C)	of the	Adden	dum for addit	tional Contributions:		0
Contributions from Single Source						
Single Source Entity's Name: 57			MEDICAL CENT	TER		
or	. ELIZ	ADEITIN	VIEDICAL CEN			
Single Source Person's Last Na	me:			First Name:		
Address: 2209 GENESEE STREET					7ID 00 do	
City: UTICA				State: NY	ZIP code: 13501	
Phone: 315-798-8100						

Date Contribution Received: 9 / 2012 /4 .00 Amount of Contribution: \$2,719 Date Contribution Received: 12 /10 / 2012 Amount of Contribution: \$.00 Date Contribution Received: .00 Amount of Contribution: \$ Date Contribution Received: .00 Amount of Contribution: \$ Date Contribution Received:

Amount of Contribution: \$2,719

.00

Check here if using section V(C) of the Addendum for additional Contributions:

Designated Addendum sheet for section V

Please use the following addendum pormake a copy of this sheet.	ages as a	continuation for	the specified sections. If addit	ional space	is needed, please	
V Source of Funding Disclo	sure					
A Below, list all Contribution received.	ons rece	ived from the Si	ngle Source. Include the date	and the am	ount of the Contril	bution
Contributions from Single Source #8	12					
Single Source Entity's Name: ST. JOSE	PH'S HO	SPITAL HEALTH	CENTER			
or Single Source Person's Last Name:			First Name:			
Address: 301 PROSPECT AVENUE						
City: syracuse			State: NY		ZIP code:13203	
Phone: 315-448-5111						
Date Contribution Received: 7	/16	/2012	Amount of Contribution:	\$5,109	.00	
Date Contribution Received: 10	/31	/2012	Amount of Contribution:	\$4,377	.00	
Date Contribution Received:	/	1	Amount of Contribution:	\$.00	
Date Contribution Received:	1	/	Amount of Contribution:	\$.00	
Date Contribution Received:	/	1	Amount of Contribution:	\$.00	
Check here if using section V(C) of the	Addend	lum for addition	al Contributions:			0
Contributions from Single Source #						
Single Source Entity's Name:						
or Single Source Person's Last Name:			First Name:			
Address:						
City:			State:		ZIP code:	
Phone:						
Date Contribution Received:	1	1	Amount of Contribution:	\$.00	
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Date Contribution Received:	1	1	Amount of Contribution:	\$.00	
Check here if using section V(C) of the	Addend	dum for addition	nal Contributions:			0
Contributions from Single Source #_						
Single Source Entity's Name:						
or			First Name:			
Single Source Person's Last Name:			First Name:			
Address:					7ID codo:	
City:			State:		ZIP code:	
Phone:				¢.	00	
Date Contribution Received:	1	1	Amount of Contribution:		.00	
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Date Contribution Received:	1	1	Amount of Contribution:		.00	
Date Contribution Received:	1	1	Amount of Contribution:	\$.00	

.00

Date Contribution Received: / / Amount of Contribution: \$

Check here if using section V(C) of the Addendum for additional Contributions:

Designated Addendum sheet for section V(B)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

VS	ource	of Funding Disclosure						A TOTAL PROPERTY OF THE PARTY O
	В	Single Source information for a Con	tributi	on(s) fro	om multip	ole, Related, or Affiliated Entiti	es.	
Single	Source	#1						
		filiated Entity or Person: UNITED HE	ALTH	SERVICE	S			
		s or Person's Full Name:						
	Entity'	s or Person's Address: 33-57 HARRIS	SON S	TREET, J	NOSNHC	CITY, NY 13790		
		s or Person's Phone: 607-763-6000						
	Dates	and Amounts of Contributions fro Date Contribution Received:		ntity or /23	Person: /2012	Amount of Contribution:	\$ 4,975	.00
		Date Contribution Received:		/2	/2012	Amount of Contribution:	\$ 4,975	.00
6		Date Contribution Received:		/	1	Amount of Contribution:	\$.00
		Date Contribution Received:		/	/	Amount of Contribution:	\$.00
Relate	ed or Af	filiated Entity or Person:						
	Entity'	's or Person's Full Name:						
1	Entity'	's or Person's Address:						
		's or Person's Phone:						
	Dates	and Amounts of Contributions fr	om E	ntity or	Person	: Amount of Contribution:	\$.00
		Date Contribution Received:		/ .	/	Amount of Contribution:		.00
		Date Contribution Received:		/	/	Amount of Contribution:		.00
		Date Contribution Received:		/	/	Amount of Contribution:		.00
		Date Contribution Received:		/		Amount of Contribution.	Ψ	
	Source							
Relate		ffiliated Entity or Person: SAMARIT.	AN HC	SPITAL				
		's or Person's Full Name:						
		's or Person's Address: 2215 BURDE		ENUE, TI	ROY, NY 1	2180		
		's or Person's Phone: 518-271-3300		entity or	Person:			
	Dates	and Amounts of Contributions fr Date Contribution Received:	11	/16	/2012	Amount of Contribution:	\$ 2,347	.00
		Date Contribution Received:		/28		Amount of Contribution:		.00
		Date Contribution Received:		/	1	Amount of Contribution:		.00
-		Date Contribution Received:		1	1	Amount of Contribution:		.00
Polat	ad or A	ffiliated Entity or Person: SETON HE	AI TLI					
Relati		's or Person's Full Name:	ALIII					
		's or Person's Address: 1300 MAS	SACH	LISETTS	AVENUE	TROY, NY 12180		
	1	's or Person's Phone: 518-268-500		OSLITS	/\vLivoL,			
		s and Amounts of Contributions fi		entity of	Person			
	Dates	Date Contribution Received:	8	/13	/2012	Amount of Contribution:		.00
		Date Contribution Received:	11	/5	/2012	Amount of Contribution:		.00
		Date Contribution Received:		/	/	Amount of Contribution:		.00
		Date Contribution Received:		/	1	Amount of Contribution:	\$.00

Designated Addendum sheet for section V(B)

Date Contribution Received:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Source of Funding Disclosure Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities. Single Source #2 Related or Affiliated Entity or Person: SUNNYVIEW REHABILITATION HOSPITAL Entity's or Person's Full Name: Entity's or Person's Address: 1270 BELMONT AVENUE, SCHENECTADY, NY 12308 Entity's or Person's Phone: 518-382-4500 Dates and Amounts of Contributions from Entity or Person: .00 /2012 Amount of Contribution: \$1,690 16 Date Contribution Received: 8 /2012 Amount of Contribution: \$ 1,690 .00 Date Contribution Received: /15 Amount of Contribution: \$.00 Date Contribution Received: .00 Amount of Contribution: \$ Date Contribution Received: Related or Affiliated Entity or Person: Entity's or Person's Full Name: Entity's or Person's Address: Entity's or Person's Phone: Dates and Amounts of Contributions from Entity or Person: Amount of Contribution: \$.00 Date Contribution Received: .00 Amount of Contribution: \$ Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: .00 Amount of Contribution: \$ Date Contribution Received: Single Source #___ Related or Affiliated Entity or Person: Entity's or Person's Full Name: Entity's or Person's Address: Entity's or Person's Phone: Dates and Amounts of Contributions from Entity or Person: .00 Date Contribution Received: Amount of Contribution: \$ 1 Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Related or Affiliated Entity or Person: Entity's or Person's Full Name: Entity's or Person's Address: Entity's or Person's Phone: Dates and Amounts of Contributions from Entity or Person: Amount of Contribution: \$.00 Date Contribution Received: .00 Amount of Contribution: \$ Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: .00 Amount of Contribution: \$

1 Subjects lobbled:	VII Person, State Agency, Municipality or Legislative Body lobbied:
EALTH CARE FINANCING, HEALTH CARE BUDGET SSUES	NYS DEPT. OF HEALTH, NYS GOVERNOR, NYS SENATE AND ASSEMBLY
Continued on attached pages	O Continued on attached pages
Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction on which	VIII Title and Identifying Numbers of procurement contracts/documents lobbled:
you lobbied: 044002 S2802 A4003A S2308A A4004A S2804A A4005 052805 A4006 S2806	N/A
A4007A S2807A A4008A S2808A A4009A S2809A A4010A S2810A A4011	
S2811A A4012A S2812A A4013 S2813 A8398 S5027 A921	
Continued on attached pages	O Continued on attached pages
X Number of Subject Matter of Executive Order of Governor/Municipality lobbled:	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:
N/A	N/A
O Continued on attached pages	O Continued on attached pages
XI Declaration This Declaration must be signed by the Chief Administrative reason, does not sign, he/she must duly designate anothed declare under penalty of perjury that the infocorrect, and complete to the best of my know	rmation contained in this report is true,
X SIGNATURE: Aclas K. Man	DATE: JANUARY 15, 2013
PRINT NAME: LAST DENNIS	FIRST DEBORAH
TITLE: SENIOR VICE PRESIDENT, CFO/COO	
Mark One: Shief Administrative Officer) Designee(Attach Letter)

- --You must attach a \$50 dollar filling fee to each semi-annual report. (No fee is required for amendments to the original)
- --If applicable, a designation letter if you have marked designee in section XI.
- --If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.